File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lows 50319

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

2009 AUG -5 AM 7: L3

Des Moines, Iowa 50319 Fax: 515 281-4073	2003 AUG -5 AM 7: 43				
COMMITTEE NAME (Must be	٦				
Crawford County Republic	FORM				
IMPORTAN1. Indicate by # type of committee you are reporting for: 8 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)Countly Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Briefd or Other Political Subdivision PAC (11) Local Ballot Issue			DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only 9522		
CANDIDATE COMMITTEES ONLY: Candidate Name Office Sought		Political Party (if applicable)	Logged In Scanned Computer Audited		
		District (if Senate or House)			
Late reports are subject to possil		712 243-2105 TELEPHONE	and 68A.401(3), the candidate, for a 7 - / 7 - 0 - 0 DATE SIGNED		
I AM FILING A July 19, 2009		REPORT FOR (1) ELECTION /(2	NON ELECTION VEAD		
	non date)	Indicate by #			
·	O REPORT DATED		cal Committees, enter Date of Election		
CASH ON HAND at the beginn committee. This amo	ENT OF CASH ON HANE	tal of all funds held by the cash on hand at the end	670.76		
	enod or must be zero if this is fi / TAKEN IN THIS PERIOD	rst report filed.)	\$		
		. do #1 (9-1 1 5-1)	34.00		
	Received total (Attach Schedule	ule A) (*also see in-kind below)			
	· ·	ich Schedule H)	-		
	l applies to Candidates' Comi				
		SUB-TOTAL	\$		
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD				
Schedule B: Expendi	itures total (Attach Schedule B)	(**also see debts and loans below)	<u> </u>		
Schedulo I : Loan Re	payments total (Attach Schedu	le F)			
CASH ON HAND at the end of	this reporting period (if final rep	ort balance must be zero)	s 480.76		
"UNPAID BILLS (From Sched	lule D - Attach Schedule D)		S		
'IN KIND CONTRIBUTIONS (F	rom Schedule E - Attach Sched	dule E)	\$		
		le F)			
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES NO		
CANDIDATE COMMITTEES C	INLY:				
VALUE OF CAMPAIGN PROP	'ERTY (From Schedule H - Atta	ch Schedule H)	\$ <u></u>		
STATE COMMITTEES: Subm	it a reconciled campaign accoun	nt bank statement in January of each w			

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		. —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD

CAUTION: Section 68B 32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3 28.01	CK# 2413	WENDY HULL JOHN SHIN ST Denison 19 51442		\$17.50	
3 28 01	CK# \ (4.4){3	Mary Ann Michellough Bonson la 51442		11.50	
	ID# CK#				
	1D# CK#				
	ID# CK#				
	ID#				
			SUB-TOTAL	\$350U	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

FOR	INSTRU	JCTIONS,	SEE	BACK	ÒЕ	FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE. CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME	(Must be same	as on Statement	of Organization)
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DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE.	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
110°(ID# CK#	TIEM WIEM	dius	\$ 30 00
. 7. 64	ID# CK#	IIKW	Muis	100 00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID#			
	ID# CK#			
	ID#		***	

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 195 CC

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A 402(3)(i).)

	1	1
Page	of	1